FORM NH-1041

## THE STATE OF NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION FIDUCIARY BUSINESS PROFITS TAX RETURN

<u>1992</u>

For the CALENDAR year 1992 or other tax year beginning. and ending Due Date for CALENDAR year 1992 is on or before April 15, 1993 or 15th day of 4th month after the close of the fiscal period. FEDERAL IDENTIFICATION NUMBER Name of Estate or Trust STEP 1 Place LABEL HERE Address of Fiduciery Otherwise. please print NO 🗆 GRANTOR TYPE TRUST YES 🗌 or type City or Town, State and Zip Code ARE YOU REQUIRED TO FILE YES 🗆 NO A FEDERAL 1041 for 1992 Check here if the IRS has made any agreed or partially agreed to adjustments for any Federal Income Tax Return filed STEP 2 by the fiduciary which has not been previously reported to N.H. Years covered by IRS **Federal** Submit changes under a separate cover with form RP-87 Information and Special ☐ FINAL RETURN SHORT PERIOD RETURN ■ INITIAL RETURN Return Types ONLY CHECK IF THE BOX APPLIES - SEE INSTRUCTIONS COMPLETE PAGE 2 BEFORE COMPUTING TAX STEP 3 STEP 4 9. **Figure** Your Tax 12. STEP 5 (b) Payments from 1992 Declaration of Estimated Tax.....13(b) Figure Your Credits, (c) Credit carried over from prior year......13(c) Interest (d) Credits allowed under RSA 77-A:5 (Attach Form DP-160) . . . . . 13(d) and (e) Payment made with original return (Amended returns only) . . . 13(e) **Penalties** 13. (b) Failure to Pay......15(b) (See instructions) (d) Underpayment of Estimated Tax......15(d) 15. STEP 6 16. Balance Due (Line 14 plus line 15.) Make check payable to: State of New Hampshire . . . . . . (If less than \$1.00 do not pay but still file in the return) Flaure Your Balance 17. Overpayment (Line 13 less line 12 adjusted by line 15, if applicable) . .17. Overpayment STEP 7 THE PORMS AND SCHEDULES FILED BY THE TRUE OWNERS OF THE TH OFFICE USE ONLY Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Signature of Trustee, Executor or Fiduciary Date Signature of Paid Preparer Other than Taxpayer Title Preparer's Identification Number **DEPT. OF REVENUE ADMINISTRATION** Preparer Address DOCUMENT PROCESSING DIVISION MAIL TO: 61 SOUTH SPRING STREET, P.O. BOX 637 CONCORD, NH 03302-0637 City or Town, State, and Zip Code For next year, instead of receiving a Business Profits Tax Booklet, do you wish to receive just a mailing label STEP 8 that you can give to your preparer? If yes, check here

•	<del>NH</del>	-1041			
1.	INC	COME			
	(8)	Gross receipts or sales			
	(b)	Gross receipts or sales			
	(0)	Subtotal [Line 1(a) less line 1(b)]			
	(O)	Cost of goods sold and/or operations (Attach schedule)			
		Gross profit [Line 1(c) less line 1(d)]			
	• •	· · · · · · · · · · · · · · · · · · ·			
		Gross rents			
		Other income (Attach schedule)	441		
	(h)	TOTAL INCOME [Combine lines 1(e) through 1 (g)]	1(n)		
2.	DE	DUCTIONS		•	
		Fiduciary fees as actually paid			
		Salaries and wages			
		Repairs			
		Bad debts			
	٠,	Rental expenses			
	-:-'	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	(f) ( )	Taxes			
	(h)	Contributions			
	(i)	Depreciation			
	(j)	Travel or entertainment expenses			
		Advertising			
	<b>(I)</b>	Other deductions (Attach schedule)		pre	
	(m)	TOTAL DEDUCTIONS [Combine lines 2(a) through 2(l)]	2(m)		
2	NE	T GAIN OR (LOSS) FROM SALE OF ASSETS. (SEE INSTRUCTIONS) Attach schedule if additional			
Э.	146		spac	Gains or (Losses)	
		Description of Property			
				Gains or (mases)	_
			3(a)		
	(b)		3(b)		
	(b) (c)		3(b) 3(c)		
	(b) (c) (d)		3(b) 3(c) 3(d)		
	(b) (c) (d)		3(b) 3(c) 3(d)		
4.	(b) (c) (d) (e)		3(b) 3(c) 3(d)		
4.	(b) (c) (d) (e)	TOTAL GAIN OR (LOSS) FROM SALE OF ASSETS	3(b) 3(c) 3(d)		
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4.	(b) (c) (d) (e) (e)	TOTAL GAIN OR (LOSS) FROM SALE OF ASSETS	3(b) 3(c) 3(d) 3(e)	Gains or (Losses)	
4.	(b) (c) (d) (e) (e) . INS (a) (b)	TOTAL GAIN OR (LOSS) FROM SALE OF ASSETS	3(b) 3(c) 3(d) 3(e) 4(a) 4(b)	Gains or (Losses)	
4.	(b) (c) (d) (e) (e) . INS (a) (b) (c)	TOTAL GAIN OR (LOSS) FROM SALE OF ASSETS	3(b) 3(c) 3(d) 3(e) 4(a) 4(b) 4(c)	Gains or (Losses)	
4.	(b) (c) (d) (e) (e) (a) (b) (c) (d)	TOTAL GAIN OR (LOSS) FROM SALE OF ASSETS  STALLMENT GAIN OR (LOSS) Attach schedule if additional space is needed.  Date of Original Sale  Description of Property  Mo Dey Veer	3(b) 3(c) 3(d) 3(e) 4(a) 4(b) 4(c) 4(d)	Gains or (Losses)	
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